

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA, RICHMOND DIVISION

In re: CIRCUIT CITY STORES, INC. *et al*

CASE No. 08-35653-KRH

General Unsecured Claim Number 2495

Response of Debtor S.A. Comunale Co., Inc. to Debtors' "Notice of Thirty-First Omnibus
Objection to Claims (Disallowance of Certain Invalid Claims)"

The Claimant is S.A. Comunale Co., Inc. The Claim, in the amount of \$8,358.00, results from the providing of materials and services to various of Debtors' locations, in connection with Claimant's business of fire protection services, which locations are identified in the invoices and supporting documentation which are attached hereto.

Edward M. Levy, Chief Financial Officer of the Claimant, whose telephone number is 330-706-3070, has full and complete knowledge of the facts in this matter. Claimant has performed certain services and provided materials to Debtors, at Debtors direction, to service, inspect or repair the fire protection systems at various of Debtors' locations.

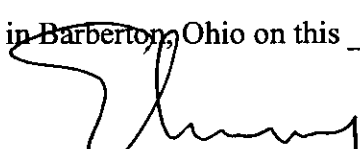
Claimant attaches hereto copies of each invoice included in its Claim, together with a summary thereof. The invoices, and supporting documentation, support the Claim. Claimant hereby OBJECTS to Debtors' Motion to Expunge the Claim.

Said Edward M. Levy declares that he has personal knowledge of the relevant facts in this Response. His facsimile number is 330-706-3070. The address shown in Claimant's Proof of Claim is the correct and current address for the service of all future communications with respect to this matter. Communications via e-mail may be sent to Edward.Levy@Comunale.com.

This response has been filed with the Clerk of the Bankruptcy Court on April 23, 2012, utilizing Federal Express; copies thereof have been furnished to each of the Liquidating Trust's attorneys by both e-mail and regular US mail prior to the filing deadline of May 3, 2012.

Executed in ~~Barberton~~, Ohio on this 23rd day of April 2012.

By:



Edward M. Levy, CPA (inactive)
Chief Financial Officer & Controller

4/23/2012

In Re: Circuit City Stores, Inc. et al
US BC Eastern District of Virginia
Case No. 08-35653-KRH
Claim By SA Comunale Co Inc
Claim # 2495
Claim Amt \$ 8,358.00

Support for Creditor SA Comunale's Response to Debtor's Omnibus Objection and Motion to Expunge

| <u>Inv #</u> | <u>Inv Date</u> | <u>Location of Service</u> | <u>Work Performed</u> | <u>Orig Amt</u> | <u>Claim Amt</u> | <u>Comments</u> |
|-------------------------------|-----------------|-------------------------------|---|-----------------|----------------------|---------------------|
| F225610 | 10/31/2008 | CC Surplus #610; Fairfax VA | Removal of Fire Sprinkler System in Racks | \$3,139.00 | \$ 3,139.00 | |
| F191113 | 1/17/2008 | CC #3662; Trumbull CT | Backflow Testing | \$ 195.00 | \$ 195.00 | |
| F218383 | 10/1/2008 | CC #6802; Springfield VA | Repairs per Quote | \$1,700.00 | \$ 1,702.00 | |
| F222050 | 10/31/2008 | | Unable to locate | | \$ 1,700.00 | Will accept expunge |
| F191071 | 1/17/2008 | CC #0852; Fayetteville NC | Fire Department Inspections | \$ 375.00 | \$ 325.00 | |
| F218340 | 10/29/2008 | CC #4230; Fontana CA | Backflow Testing | \$ 85.00 | \$ 85.00 | |
| F220167 | 10/31/2008 | | Unable to locate | | \$ 202.00 | Will accept expunge |
| F212100 | 11/11/2008 | CC #6802; Springfield VA | Annual Fire Sprinkler System Inspection | \$ 202.00 | \$ 202.00 | |
| F225482 | 11/11/2008 | | Unable to locate | | \$ 77.00 | Will accept expunge |
| F218856 | 10/23/2008 | CC #6359 Surplus; Woodbury NJ | Gauges, Hoses, Inspection | \$ 731.00 | \$ 731.00 | |
| Total Amount of Claim | | | | | \$ 8,358.00 | |
| Less: Expunge Accepted | | | | | \$ (1,979.00) | |
| Revised Claim | | | | | \$ 6,379.00 | |



Invoice Number: F225610
Invoice Date: 10/31/2008

Mail Payments to P.O. Box 150 * Barberton, OH 44203-1050 * P: 330-861-5137 F: 330-848-9475

| CUSTOMER - BILL TO: | SERVICE LOCATION |
|--|---|
| ATTN: CIRCUIT CITY STORES INC ATTN: FACILITY MANAGEMENT 9950 MAYLAND Road RICHMOND, VA 23233 Phone: (804) 527-4000 Fax:(804) 527-4005 | CONTACT: MGR CIRCUIT CITY SURPLUS #610 11220 JAMES SWART FAIRFAX, VA 22030 Phone: 804-486-2214 Reference Number: 479323 Service Type: SERVICE |

SCOPE OF WORK:
DISCONNECT SPRINKLER SYSTEM RUNNING THROUGH RACKING IN WAREHOUSE.

| QTY | UOM | DESCRIPTION | PRICE | AMOUNT |
|-----|-----|--------------------------------------|----------|------------|
| 1 | EA | MATERIAL FOR REMOVAL OF RACK SYSTEMS | \$515.00 | \$515.00 |
| 32 | EA | LABOR - 2 MEN 2 DAYS 10/22 & 10/23 | \$82.00 | \$2,624.00 |




SUMMARY TOTAL \$3,139.00

An EMCOR Company

| | |
|-----------------------|---------------|
| Ticket # | 225610 |
| Customer # | 9325 |
| Customer PO # | 479323 |
| Schedule Date | 10/22 |
| Completed Date | 10/23 |
| Serviced By | Robert Joseph |

CALL TO
DONALD
804-486-2214

Provide labor & material
to remove 5 Rail System
and cap off

| | | |
|---|---|---|
| Technician Signature |  | Thank You — Invoice to Follow |
| <p>I have the authority to order the work, which has been satisfactorily performed, as outlined above. It is agreed that the seller will retain title to any equipment or material that may be furnished until final payment has been made and if settlement is not made as agreed, the seller shall have the right to remove same and the seller will be held harmless for any damages resulting from the removal thereof.</p> | | |
| Customer Signature |  | Please Print Here  |



WORK ORDER SUMMARY

Invoice Number: F191113

| CUSTOMER - BILL TO: | SERVICE LOCATION |
|---|---|
| ATTN: CIRCUIT CITY STORES INC ATTN: FACILITY MANAGEMENT 9950 MAYLAND RD RICHMOND, VA 23233 Phone: (804) 527-4000 Fax: (804) 527-4005 | CONTACT: MGR CIRCUIT CITY #3662 - PROJECT 5065 MAIN ST TRUMBULL, CT 06611 Phone: 203-372-7963 Reference Number: CHAD MELTON Service Type: SERVICE |

SCOPE OF WORK:

AUGUST 2003 BF TESTING (80) & SEPT 05 BF TESTING (90) = 170 + ADMIN FEE OF \$25

| QTY | UOM | DESCRIPTION | PRICE | AMOUNT |
|------------|------------|--|--------------|---------------|
| 1 | EA | AUGUST 2003 BACKFLOW TESTING FEE TO WATER CO OF CT | \$80.00 | \$80.00 |
| 1 | EA | SEPT 2005 BACKFLOW TEXTING FEE TO WATER CO OF CT | \$90.00 | \$90.00 |
| 1 | EA | ADMINISTRATION FEE | \$25.00 | \$25.00 |

SUMMARY TOTAL \$195.00



Invoice Number: F222050

Invoice Date: 10/31/2008

Mail Payments to P.O. Box 150 * Barberton, OH 44203-1050 * P: 330-861-5137 F: 330-848-9475

| CUSTOMER - BILL TO: | SERVICE LOCATION |
|---|---|
| ATTN: CIRCUIT CITY STORES INC ATTN: FACILITY MANAGEMENT 9950 MAYLAND Road RICHMOND, VA 23233 Phone: (804) 527-4000 Fax: (804) 527-4005 | CONTACT: MANAGER CIRCUIT CITY #6802 - CLOSED 7039 OLD KEENE MILL RD SPRINGFIELD, VA 22150 Phone: Reference Number: 68020070 Service Type: SERVICE |

SCOPE OF WORK:

PROCEED QUOTE: SIGNAGE, TAMPER SWITCH, GUAGES, WATERFLOW COVER, HEAD BOX, FDC, HOSE RACK...

| QTY | UOM | DESCRIPTION | PRICE | AMOUNT |
|------------|------------|----------------------|--------------|---------------|
| 1 | | EA PROCEED AS QUOTED | \$1,700.00 | \$1,700.00 |

SUMMARY TOTAL \$1,700.00



CUSTOMER ACCEPTANCE

WORK ORDER:

F222992

ISSUE DATE: 8/30/2008 DUE BY: 10/3/2008

COMPLETION DATE: 10-29-08

TECHNICIAN: JLP/r5

Requested By: Tina.Melner@Comunale.com / Quote Coordinator (330)861-8137 X 366

| | | |
|--|-----------------------|-------------|
| ATTN: MANAGER CIRCUIT CITY #8802 - CLOSED 7039 OLD KEENE MILL RD SPRINGFIELD, VA 22150 Phone: Reference Number: 68020070 | Signature (required) | LIFE SAFETY |
| | Print Name (required) | |
| Work Description: PROCEED QUOTE: SIGNAGE, TAMPER SWITCH, GUAGES, WATERFLOW COVER, HEAD BOX, FDC, HOSE RACK... | | |
| Technician Notes: SCOPE OF WORK: SUPPLY/INSTALL/REPLACE (1) LOT OF SIGNAGE. ✓ SUPPLY/INSTALL/REPLACE (1) NEW TAMPER SWITCH. ✓ SUPPLY/INSTALL/REPLACE (2) OUTDATED WATER PRESSURE. ✓ SUPPLY/INSTALL/REPLACE (3) WATERFLOW SWITCH COVERS. ✓ SUPPLY/INSTALL/REPLACE (1) SPARE HEAD BOX (STOCKED). ✓ SUPPLY/INSTALL/REPLACE (2) NEW FDC CAPS. ✓ SUPPLY/INSTALL/REPLACE (1) HOSE FOR THE HOSE RACK. ✓ THIS WORK REQUIRE THE WET FIRE SPRINKLER SYSTEM TO BE SHUTDOWN AND DRAINED-THEN RECHARGE THE ACTIVE PORTION OF THE SYSTEM AND PUT ON-LINE ONCE THE WORK HAS BEEN COMPLETED | | |
| Actual Work Performed: Repair existing signs, Installed 1 new tamper switch, Replaced 2 g.g.s, Repair in flow switch valves, 1 head box with heads and wires, 2 FDC caps, 1 Hose Rack | | |
| Does location have any system impairments? please specify & notify Comunale: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

10/29/08

Work Order # 68020070

Status: Open

Decline || Pick Up || Start || Attention || Complete ||

Customer Information

CC6802-Vacant-V

Company: Industriaplex

Customer: CC-Surplus-6802

Contact: Circuit City Property
Mangement

Location: CC6802 (Springfield,VA) - Vacant Address: 7039 Old Keene Mill Road
Springfield, VA 22150, US

Contact At: x

Start Date: 01/01/2006

End Date: 01/01/2010

Work Description:

☐ Fire Sprinkler System: Sprinkler Repair: Per your quote: SUPPLY/INSTALL/REPLACE (1) LOT OF SIGNAGE. (1) NEW TAMPER SWITCH. (2) OUTDATED WATER PRESSURE. (3) WATERFLOW SWITCH COVERS. (1) SPARE HEAD BOX (STOCKED). (2) NEW FDC CAPS. (1) HOSE FOR THE HOSE RACK.

Details:

Priority: Regular

Assigned To: S.A.COMUNALE CO.,INC.

Not to Exceed: \$1700

Access/Appt:

Scheduled Start:

P.O. Number:

Due By: 10/8/2008 09:00 AM

Assigned Date: 9/30/2008 09:41 AM

Created Date: 9/30/2008 09:41 AM

Completion Info:

First Started:

Last Completed:

Repair Category: -- Select Repair Category --

Repair Code: -- Select Repair Code --

Completion Notes:

Financial Notes Documents Punch List Refrigerant

Work Order Documents

| Title | Document Type | Source | Start Date | End Date |
|-----------------------|---------------|------------|------------|----------|
| Fire sprinkler repair | Quote | Work Order | 09/30/2008 | |

| Add New |



WORK ORDER SUMMARY
Invoice Number: F191071

| CUSTOMER - BILL TO: | SERVICE LOCATION |
|---|---|
| ATTN: CIRCUIT CITY STORES INC ATTN: FACILITY MANAGEMENT 9950 MAYLAND RD RICHMOND, VA 23233 Phone: (804) 527-4000 Fax: (804) 527-4005 | CONTACT: MANAGER CIRCUIT CITY #0852 5075 MORGANTON RD SUITE 160A FAYETTEVILLE, NC 28314 Phone: Reference Number: Service Type: INSPECTION |

SCOPE OF WORK:
FIRE DEPT INSPECTIONS

| QTY | UOM | DESCRIPTION | PRICE | AMOUNT |
|------------|------------|----------------------------------|--------------|---------------|
| 1 | | EA FIRE DEPT INSPECTION 12/06/07 | \$100.00 | \$100.00 |
| 1 | | EA FIRE DEPT INSPECTION 1/26/05 | \$100.00 | \$100.00 |
| 1 | | EA FIRE DEPT INSPECTION 1/07/05 | \$50.00 | \$50.00 |
| 1 | | EA FIRE DEPT INSPECTION 12/07/04 | \$100.00 | \$100.00 |
| 1 | | EA PROCESSING FEE | \$25.00 | \$25.00 |

SUMMARY TOTAL **\$375.00**



Invoice Number: F218340

Invoice Date: 10/28/2008

Mail Payments to P.O. Box 150 * Barberton, OH 44203-1050 * P: 330-861-5137 F: 330-848-9475

| CUSTOMER - BILL TO: | SERVICE LOCATION |
|---|---|
| ATTN: CIRCUIT CITY STORES INC ATTN: FACILITY MANAGEMENT 9950 MAYLAND Road RICHMOND, VA 23233 Phone: (804) 527-4000 Fax: (804) 527-4005 | CONTACT: MANAGER CIRCUIT CITY #4230 16465 SIERRA LAKES FONTANA, CA 92336 Phone: 909-355-1520 Reference Number: Service Type: INSPECTION |

SCOPE OF WORK:

AHJ: BACKFLOW INSPECTION

| QTY | UOM | DESCRIPTION | PRICE | AMOUNT |
|------------|------------|------------------------|--------------|---------------|
| 1 | | EA BACKFLOW - DOMESTIC | \$85.00 | \$85.00 |

SUMMARY TOTAL

\$85.00



CUSTOMER ACCEPTANCE


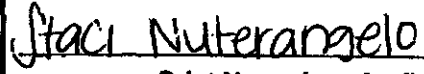
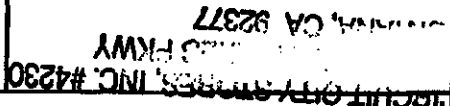
WORK ORDER: **F218340**

ISSUE DATE: **8/28/2008** DUE BY: **9/22/2008**

COMPLETION DATE: _____

TECHNICIAN: _____

Requested By: **Sheila.Jones@Comunale.com / AHJ Specialist 330-861-5137 X 358**

| Service Location | Customer Acceptance | Service Contractor |
|--|---|--|
| ATTN: MANAGER CIRCUIT CITY #4230 16465 SIERRA LAKES FONTANA, CA 92336 Phone: 909-355-1520 Reference Number: |  Signature (required)  Print Name (required) | AQUA BACKFLOW & CHLORINATION Store Stamp (required)  |
| Work Description: AHJ: BACKFLOW INSPECTION | | |
| Technician Notes: ***PER CITY NOTICE**PLS CALL MANAGER AND SCHEDULE DATE AND TIME FOR ISNPECTION TO BE DONE-NO TRIP CHARGES WILL BE PAID UNLESS SCHEDULED WITH MANAGER FIRST. SIGNATURE IS NEEDED FOR BILLING. PLS FORWARD COMPLETED TEST REPORTS TO FONTANA WATER COMPANY. THIS WORK ORDER DOES NOT AUTHORIZE REPAIRS OR ADDITIONAL WORK. IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL ME ASAP! THANK YOU! | | |
| Actual Work Performed: Test Only 10-17-08 | | |
| Does location have any system impairments? please specify & notify Comunale : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

COMUNALE'S PROCEDURES FOR TECHNICIAN

- Appointment MUST be made in advance-arrange with site before Technician's dispatched (No payment for uncompleted work not scheduled with location). Verify site address & if alarm codes, passwords or keys to rooms are needed!
- UPDATE WO WHEN JOB IS DONE
1-866-752-5473 X 494 - WIN A GIFT CARD!
We randomly select a tech for updating status.
Recent Winner: Mark Gasparini Tampa Bay Fire Equipment
- REPORT SYSTEM IMPAIRMENTS
IMMEDIATELY TO 1-866-752-5473 x 492
- IF GOING TO EXCEED NTE AMT, CALL FROM SITE
- DO NOT leave or discuss any pricing at the location.
- If work already done, CALL FROM SITE immediately for further instructions. Report Info (Date/Whom)
- If customer refuses work or to sign off CALL FROM SITE
- Inspection Reports-MUST use our report, NFPA approved or local authority accepted inspection report. Reports MUST be sent to Water & Fire Departments WHEN required and a copy left on site.
- Extinguisher Insp-MUST have ext form: document location size, type, service, & manufacture date.

CUSTOMER'S PROCEDURES FOR TECHNICIAN

- Additional work must be authorized with a new WO# Call Comunale from site for further instructions

SHEILA JONES
OCT 28 2008
SA COMUNALE CO INC.

900 P.000

116685

Sierra Lakes Market Place

**TEST AND MAINTENANCE REPORT
NOTICE TO TEST
BACKFLOW PREVENTION DEVICE**

8/06/08

ORIGINAL

Complete and return this
ORIGINAL form.
Copies will not be accepted
CIRCUIT CITY STORES #4320
C/O ADVANTAGE
PO BOX 2440
SPOKANE, WA 99210

RETURN TO:
FONTANA WATER COMPANY
POST OFFICE BOX 987
FONTANA, CA 92334-0987
ATTENTION: MR. JERRY REED
(909) 822-2201

RETURN NO LATER THAN
9/30/08

SERVICE ADDRESS 16465 SIERRA LAKES CONNECTION NO. F63349
SIZE 2" MANUFACTURER WILKINS MODEL 975XL SERIAL NO. 2570334
DEVICE LOCATION 50' W/O LOWES WEST ENTRANCE IN PKY.
CONTACT TITLE TELEPHONE NO.

| REDUCED PRESSURE PRINCIPLE ASSEMBLY | | | | |
|-------------------------------------|--|--|---|--|
| DOUBLE CHECK VALVE ASSEMBLY | | | | |
| | CHECK VALVE #1 | CHECK VALVE #2 | DIFFERENTIAL PRESSURE RELIEF VALVE | PRESSURE VACUUM BREAKER |
| INITIAL TEST | CLOSED AT 7.0 PSI RP LEAKED <input type="checkbox"/> | CLOSED AT <input type="checkbox"/> PSI RP CLOSED TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> | OPENED AT 2.8 PSID OPENED UNDER 2 PSID OR DID NOT OPEN <input type="checkbox"/> | AIR INLET OPENED AT <input type="checkbox"/> PSI DID NOT OPEN <input type="checkbox"/> |
| REPAIRS | CLEANED <input type="checkbox"/> | CLEANED <input type="checkbox"/> | CLEANED <input type="checkbox"/> | CHECK VALVE HELD AT <input type="checkbox"/> PSI LEAKED <input type="checkbox"/> |
| | REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE: | REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE: | REPLACED: DISC(S) <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM(S) <input type="checkbox"/> SEAT(S) <input type="checkbox"/> O-RING(S) <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE: | REPLACED: AIR INLET DISC <input type="checkbox"/> CHECK DISC <input type="checkbox"/> AIR INLET SPRING <input type="checkbox"/> CHECK SPRING <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE: |
| FINAL TEST | CLOSED AT <input type="checkbox"/> PSI RP <input type="checkbox"/> PSID | CLOSED AT <input type="checkbox"/> PSI RP CLOSED TIGHT <input type="checkbox"/> | OPENED AT <input type="checkbox"/> PSID | AIR INLET <input type="checkbox"/> PSI CHECK VALVE <input type="checkbox"/> PSI |

COMMENTS

THE ABOVE REPORT IS CERTIFIED TO BE CORRECT.

INITIAL TEST BY (SIGNATURE) Kelly Kieswetter CERTIFIED TESTER NO. 0402 TEST DATE 10-17-08
PRINTED NAME Kelly Kieswetter

REPAIRED BY _____ REPAIR DATE _____

FINAL TEST BY (SIGNATURE) _____ CERTIFIED TESTER NO. _____ TEST DATE _____

TESTING COMPANY NAME Aqua Backflow & Chlorination TELEPHONE NO. _____
500 Maple Court, #D

MAILING ADDRESS Colton, CA 92324

DEVICES (4-INCH (909) 822-2201 AND LARGER) LISTED HEREON ARE NOT TO BE
REMOVED, REPLACED, OR RELOCATED WITHOUT WRITTEN PERMISSION FROM OCT 28 2008
FONTANA WATER COMPANY

SHEILA JONES

SACOMUNALE CO INC.



Invoice Number: F212100

Invoice Date: 11/10/2008

Mail Payments to P.O. Box 150 * Barberton, OH 44203-1050 * P: 330-861-5137 F: 330-848-9475

| CUSTOMER - BILL TO: | SERVICE LOCATION |
|---|--|
| ATTN: CIRCUIT CITY STORES INC ATTN: FACILITY MANAGEMENT 9950 MAYLAND Road RICHMOND, VA 23233 Phone: (804) 527-4000 Fax: (804) 527-4005 | CONTACT: CHERI BLOSS CIRCUIT CITY #6802 - CLOSED 7039 OLD KEENE MILL RD SPRINGFIELD, VA 22150 Phone: Reference Number: 68020057 Service Type: INSPECTION |

SCOPE OF WORK:
ANNUAL FIRE SPRINKLER INSPECTION

| QTY | UOM | DESCRIPTION | PRICE | AMOUNT |
|-----|-----|---------------------------------|----------|----------|
| 1 | | EA SPRINKLER - WET - ANNUAL (2) | \$202.00 | \$202.00 |

SUMMARY TOTAL \$202.00

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LIFE SAFETY
COMMERCIAL FIRE & SECURITY SERVICES
www.lifesafetysecurity.com

Albany, NY Buffalo, NY New York, NY Rochester, NY Richmond, VA
(607) 652-8406 (716) 666-8890 (718) 891-8038 (585) 342-7688 (804) 343-1886

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SPRINKLER TEST/INSPECTION REPORT

| | | | | | | | |
|--|-----------------------------------|---|--|----------|--------------------|-------------------------------|------------------------------|
| NAME <u>Circuit City #6802</u> | INSPECTION DATE <u>9-11-08</u> | <input type="checkbox"/> MONTHLY <input checked="" type="checkbox"/> OTHER | <input type="checkbox"/> SEMI-ANNUAL <input checked="" type="checkbox"/> ANNUAL | FR. | MA. | ANNUAL DATE <u>9-11-08</u> | COMP. DATE <u>9-11-08</u> |
| ADDRESS <u>7039 Old Keene Mill RD</u> | TECHNICIAN <u>JLW/MS</u> | TECHNICIAN SIGNATURE | | | | | |
| CITY <u>Springfield, VA</u> | STATE <u>VA</u> | ZIP CODE <u>22150</u> | LEADER | TRAVELER | CUSTOMER SIGNATURE | | |

OWNER'S SECTION (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. Are dry valves adequately protected from freezing? _____

INSPECTOR'S SECTION (All responses reference current inspection)

- General
 - Is the building occupied? ☐ Yes ☒ No
 - Are all systems in service? ☒ Yes ☐ No
 - Is there a min. of 18in. (457mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
- Control Valves (See Item 15)
 - Are all sprinkler system control valves and all other valves in appropriate open or closed position? ☒ Yes ☐ No
 - Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☐ Yes ☒ No
- Water Supplies (See Item 16)
 - Was a water flow test of main drain made at the sprinkler riser(s)? ☐ Yes ☒ No
- Tanks, Pumps, Fire Department Connections
 - Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
 - Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? ☐ Yes ☒ No ☐ NA
 - Are they accessible and visible? ☐ Yes ☐ No ☐ NA
- Wet Systems
 - Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☒ Yes ☐ No ☐ NA
 - Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA Were the test results satisfactory? ☐ Yes ☐ No ☒ NA
 - In areas protected by wet system(s), does building appear to properly heated in all areas? ☒ Yes ☐ No ☐ NA
 - Do all exterior openings appear to be protected against freezing? ☐ Yes ☐ No ☐ NA
- Dry Systems (See Items 11 to 13)
 - Are dry valve(s) in service? ☐ Yes ☐ No ☒ NA
 - Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☒ NA
 - Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☒ NA Are they in service? ☐ Yes ☐ No ☒ NA
 - Were low points drained during this inspection? ☐ Yes ☐ No ☒ NA
 - Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☒ NA
 - Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☒ NA
 - Did the heating equipment in the dry pipe valve room(s) operate at the time of the inspection? ☐ Yes ☐ No ☒ NA
- Special Systems (See Item 14)
 - Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☒ NA
 - Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☒ NA
 - Did the supervisory devices operate during testing? ☐ Yes ☐ No ☐ NA
- Alarms
 - Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - Did electric alarm(s) test satisfactorily? ☐ Yes ☐ No ☐ NA
 - Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA
- Sprinklers
 - Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - Is stock of spare sprinklers available? ☒ Yes ☐ No
 - Does exterior condition of sprinkler system appear to be satisfactory? ☐ Yes ☒ No
 - Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No

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Albany, NY Buffalo, NY New York, NY Rochester, NY Richmond, VA
 (807) 652-5006 (716) 655-8890 (716) 891-9036 (585) 342-7688 (804) 343-1996

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TEST/INSPECTION REPORT

11. Date dry-pipe valve trip tested (control valve partially open)
 12. Date dry-pipe valve trip tested (control valve fully open)
 13. Date quick-opening devices tested

| TRIP TEST TABLE | | | | | | | | | |
|-------------------------------|------|----------------|--|--------------|--|-------------------------|--|-----------------------------------|------|
| MAKE | | MODEL | | SERIAL | | | | | |
| DRY VALVE | | | | | | | | | |
| C.O.D. | | | | | | | | | |
| Time to Trip Dry Test Pipe | | Water Pressure | | Air Pressure | | Trip Point Air Pressure | | Time Water Reached Test Outlet | |
| MIN. | SEC. | PSI | | PSI | | PSI | | MIN. | SEC. |
| Without C.O.D. | | | | | | | | | |
| With C.O.D. | | | | | | | | | |

14. Date deluge or preaction valve tested

| TRIP TEST TABLE | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| Operation <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC Piping Supervised <input type="checkbox"/> Yes <input type="checkbox"/> No Detecting Media Supervised <input type="checkbox"/> Yes <input type="checkbox"/> No Does valve operate from the manual trip and/or remote control stations <input type="checkbox"/> Yes <input type="checkbox"/> No Is there an accessible facility in each riser for testing <input type="checkbox"/> Yes <input type="checkbox"/> No Method of testing: _____ MAKE _____ MODEL _____ Does each circuit operate supervision loss alarm YES NO Does each circuit operate valve release YES NO Minimum time to operate release YES NO | | | | | | | | | |

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table

| Control Valves | Number | Type | Open | Secured | Closed | Signs | Explain Abnormal Condition |
|-------------------------------|--------|------|------|---------|--------|-------|----------------------------|
| City Connection Control Valve | 1 | DSY | Y | N | N | N | |
| Tank Control Valve | | | | | | | |
| Pump Control Valve | | | | | | | |
| Sectional Control Valve | | | | | | | |
| System Control Valve | 2 | WPTV | Y | Y | N | Y | |
| Other Control Valve | | | | | | | |

SFU ALERT

16. Water Flow Test at Sprinkler Riser

Water Supply Source: ☒ City ☐ Tank ☐ Pump

| | Date | Test Pipe Location | Size of Test Pipe | Static Pressure | Residual (Flow) Pressure |
|----------------------|--------|--------------------|-------------------|-----------------|--------------------------|
| Last Water Flow Test | | | | | |
| This Water Flow Test | 9-1-08 | 211 | Sprinkler Rm | 94 | 75 |

17. Explain any "No" answers and comments: NO SIG. ON THE AIR CONTROL VALVE, ALARM LINE, ALARM TEST 2 MAX DRY-PIPE VALVES NEED TO BE RE-VALUED, TAPING, RE-VALUED ON MAIN CONTROL VALVE. HAS BEEN RE-VALUED, MISSING WATER FLOW SWITCH CAUSE ON 3 VF 5-1-05. THE 1/2" DRY VALVE TEST SWITCH FOR THE WATER MOTOR 92-9 IS CLIPPED AND PLAYS WHEN 10-PSI, SPARK HEAD BOX IS MISSING LATCH, FET CAP. MISSING, 1 PUMP HEAD IN OP.
18. Adjustments or corrections made during this inspection: CAT AUDIO, ONE OF THE TAV WAS REMOVED WHEN THE RATE FLOW WAS REMOVED SO ONE OF THE FLOW SWITCHES COULD NOT BE TESTED PROBABLY 2" COULD BE CAPABLE, HOSE RACK MISSING HOSE, 4 MISSING ROLLS

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:



Invoice Number: F218856

Invoice Date: 10/21/2008

Mail Payments to P.O. Box 150 * Barberton, OH 44203-1050 * P: 330-861-5137 F: 330-848-9475

| CUSTOMER - BILL TO: | SERVICE LOCATION |
|--|---|
| ATTN: CIRCUIT CITY STORES INC ATTN: FACILITY MANAGEMENT 9950 MAYLAND Road RICHMOND, VA 23233 Phone: (804) 527-4000 Fax:(804) 527-4005 | CONTACT: CHERI BLOSS CIRCUIT CITY #6359 SURPLUS 1500 ALMONESSON RD WOODBURY, NJ 08096 Phone: (804) 486-4448 Reference Number: 63590125 Service Type: INSPECTION |

SCOPE OF WORK:
ANNUAL SPRINKLER INSPECTION

| QTY | UOM | DESCRIPTION | PRICE | AMOUNT |
|-----|-----|--|----------|----------|
| 4 | | EA REMOVE AND REPLACE WATER GAUGES | \$10.00 | \$40.00 |
| 4 | | EA MATERIALS-WATER GAUGES | \$48.00 | \$192.00 |
| 2 | | EA RERACK FIRE HOSES | \$135.00 | \$270.00 |
| 1 | | EA REPAIR CHECK VALVE&2 LEAKS IN OS&Y VALVES | \$27.00 | \$27.00 |
| 1 | | EA SPRINKLER - WET - ANNUAL (2) | \$202.00 | \$202.00 |

SUMMARY TOTAL \$731.00

| | |
|-----------------------|-------------|
| Ticket # | 218856 |
| Customer # | 9325 |
| Customer PO # | 63590125 |
| Schedule Date | 9-9-08 |
| Completed Date | 9-25-08 |
| Serviced By | R. GENERALE |

#(SURPLUS)
Circuit City 6359
1500 ALMUNESSON RD.
WOODBURY, NJ 08096
CHERI BLOSS
1-804-486-4448
1-804-486-8162

CIRCUIT CITY STORES INC
ATTN: FACILITIES MGMT.
RICHMOND, VA. 23233
1-804-527-4000
1-804-527-4005

Work Performed / Comments

ANNUAL SPRINKLER TEST

TAMPERS, FLOW, ETC.
LUBRICATE ALL VALVES
WALK-THRU

REPAIR CHECK VALVE IN ALARM LINE:

REPAIR LEAKS IN 2 OXY VALVES

Remove + Replace 4 Gauges
Remove Hose Back Systems

~~WT#F-1NSP~~

~~JOB #~~

GL# PHL 26308

~~GL MONTH~~

~~APPROVED D WEENINK~~

ALL CONTROL VALVES LEFT
IN OPEN POSITION ✓ YES _____ NO _____

SERVICE FOLLOW UP REPORT ATTACHED
 YES NO

Technician's Standards

Thank You — Invoice to Follow

| | |
|-----------------------|---------------|
| Material Total | 192.00 |
|-----------------------|---------------|

Labor Total 539.00

| | |
|-------------|---|
| Other Total | — |
|-------------|---|

| | |
|------------|-------------------|
| Tax | Accounting |
|------------|-------------------|

| | |
|--------------|---------------|
| Total | 731.00 |
|--------------|---------------|

Please Print Here

**Customer
Signature**



S.A. Comunale

An EMCOR Company

**WATER BASED FIRE
PROTECTION**

INSPECTION & TEST REPORT

BRANCH PHONE NUMBER

1-800-299-9216

NT INSP. # P-00552

DATE

9-25-08

SITE

CIRCUIT CITY 6359 SPARUS

CONTACT

CHERI BLASS

ADDRESS

1500 ALMONDESSON ROAD

PHONE

CELL-804-690-9223

CITY

WOODBURY

STATE

NT

ZIP

08096

This inspection is: ☐ Quarterly ☐ Semi-Annual ☒ Annual ☒ Other VACANT

1 - OWNER'S SECTION

This section is to be answered by the Owner or Representative

YES N/A NO

| | | | |
|---|---|--|---|
| A. Is the building occupied? | | | ✓ |
| B. Has the occupancy classification and hazard of contents remained the same since the last inspection? *If NO, an engineering survey is required | | | ✓ |
| C. Are all fire protection systems in service? SYSTEM #1 CAPPED IN WAREHOUSE | | | ✓ |
| D. Has the system remained in service without modification since the last inspection? DO NOT KNOW | | | |
| E. Was the system free of actuation of devices or alarms since the last inspection? DO NOT KNOW | | | |
| F. Is all wet system piping protected from temperatures below 40°F? | ✓ | | |

2 - GENERAL

YES N/A NO

| | | | |
|---|---|--|---|
| A. Have the sprinkler systems been extended to all visible areas of the building? *If NO, an engineering survey is required | ✓ | | |
| B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? | ✓ | | |
| C. Are the sprinkler systems free of any equipment that is part of a manufacturer's recall or replacement program? | ✓ | | |
| D. Are the hydraulic nameplate(s) securely attached to the riser and legible? *Answer N/A if system is pipe scheduled | | | ✓ |
| E. Is there a spare head box with the proper number and type of spare sprinklers and wrenches? | ✓ | | |
| F. Are Fire Dept. Connections in satisfactory condition, couplings free, caps/plugs in place and check valves tight? | ✓ | | |
| G. Are Fire Dept. Connections visible, accessible and marked with ID signs? | ✓ | | |
| H. Have all gauges 5 or more years old been replaced or calibrated? | ✓ | | |
| J. Has an internal inspection of the pipe been performed within the last 5 years? | | | ✓ |
| K. Are all hoses and hose valves in good condition, free from physical damage and no leaks? | | | ✓ |
| L. Hose (more than 5 years old) connected to the system has been service tested in accordance with NFPA 1962? (100F/1989) | | | ✓ |

3 - CONTROL VALVES

YES N/A NO

| | | | |
|--|---|--|---|
| A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position? | ✓ | | |
| B. Are all control valves sealed or supervised in the appropriate open or closed position? | ✓ | | |
| C. Were all control valves operated through full range of motion and returned to normal position? | ✓ | | |
| D. Did all electrical supervisory switches actuate alarms? | | | ✓ |
| E. Are all control valves easily accessible and marked with ID signs? | ✓ | | |

4 - WATER SUPPLY

YES N/A NO

| | | | | | | | | | | | | | | | | |
|--|------|-----------------|---------------|--------|--------------------|------|-----------------|---------------|--------|---|------|-----------------|---------------|--------|-------------------------------------|--|
| A. Did flow results have the same or greater PSI readings than previous tests? | | | | | | | | | | *If NO, an engineering survey is required | | | | | <input checked="" type="checkbox"/> | |
| Test Pipe Location | Size | Static Pressure | Flow Pressure | Return | Test Pipe Location | Size | Static Pressure | Flow Pressure | Return | Test Pipe Location | Size | Static Pressure | Flow Pressure | Return | | |
| M.DRAW | 2" | 90 | 60 | 80 | | | | | | | | | | | | |
| M.DRAW | 2" | 85 | 60 | 80 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

5. FLOW ALARMS

YES N/A NO

| | | | |
|---|---|--|--|
| A. Did waterflow through the inspectors test actuate all mechanical alarms? | | | |
| B. Did waterflow through the inspectors test actuate all electrical alarms? | ✓ | | |

SITE Circuit City #6359-SURPLUS

6. WET SYSTEMS

| | | | | | | |
|--|----------|----------------|--|-------------------------------------|-------------------------------------|----|
| Number of systems | <u>2</u> | Make and Model | <u>STAR-4" MODEL F / STAR-6" MODEL F</u> | YES | N/A | NO |
| A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage? | | | | <input checked="" type="checkbox"/> | | |
| B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? | | | | <input checked="" type="checkbox"/> | | |
| C. Have all the antifreeze systems been tested? | | | | | <input checked="" type="checkbox"/> | |
| D. The antifreeze tests indicate protection to | | | | #1 | #2 | #3 |
| | | | | #4 | #5 | #6 |
| | | | | degrees | | |

7. DRY/PREACTION/DELUGE SYSTEMS *It is the owner's responsibility to maintain auxiliary drains between inspections*

| | | | | | |
|-----------------------------|--|----------------|------------|--|---|
| Number of dry systems | | Make and Model | <u>N/A</u> | <input type="checkbox"/> Trip test report attached | <input type="checkbox"/> Trip test not required |
| Number of preaction systems | | Make and Model | | <input type="checkbox"/> Trip test report attached | <input type="checkbox"/> Trip test not required |
| Number of deluge systems | | Make and Model | | <input type="checkbox"/> Trip test report attached | <input type="checkbox"/> Trip test not required |

| | | | |
|---|-----|-----|----|
| | YES | N/A | NO |
| A. Valves, gauges and associated trim are free from physical damage? | | | |
| B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? | | | |
| C. Is the air pressure and priming water level normal? | | | |
| D. Did the air compressor operate satisfactorily? | | | |
| E. Did the low air pressure alarm operate during the test? | | | |
| F. Auxiliary drains that were identified by the owner were drained during this inspection? | | | |
| G. Valves and trim appear to be protected from temperatures below 40°F? | | | |
| H. Pipe that passes through freezers is free of ice blockage? | | | |

8. SPRINKLERS, PIPE, AND HANGERS

| | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| | YES | N/A | NO |
| A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks? | | | <input checked="" type="checkbox"/> |
| B. Are visible pipe hangers and seismic braces free of physical damage? | <input checked="" type="checkbox"/> | | |
| C. Are sprinklers free of physical damage, free of obstructions to spray patterns and free of foreign materials including paint? | <input checked="" type="checkbox"/> | | |
| D. Have all standard response sprinklers 50 or more years old been replaced or successfully tested? <i>Refer to NFPA 25 Chapter 5 for testing procedures</i> | | <input checked="" type="checkbox"/> | |
| E. Have all fast response sprinklers 20 or more years old been replaced or successfully tested? <i>Refer to NFPA 25 Chapter 5 for testing procedures</i> | | <input checked="" type="checkbox"/> | |
| F. Have all dry type sprinklers 10 or more years old been replaced or successfully tested? <i>Refer to NFPA 25 Chapter 5 for testing procedures</i> | | <input checked="" type="checkbox"/> | |

9. FIRE PUMPS AND STORAGE TANKS

| | | | | |
|---|--|-----|-----|----|
| <input type="checkbox"/> Fire pump report attached | <input checked="" type="checkbox"/> No fire pump on system | YES | N/A | NO |
| A. Are gravity, surface or pressure tanks at the proper pressure and/or water levels? | | | | |
| B. Storage tank water appears to be protected from temperatures below 40°F? | | | | |
| C. Is the storage tank exterior structure, ladders, and foundation free from physical damage? | | | | |
| D. Storage tank exterior is free from corrosion and signs of degradation? | | | | |

☒ Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # 18294 which is attached to this form.

☐ No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector

RON GENERALE

Signature

[Signature]

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner
or Representative

Signature



S.A. Comunale

An EMCOR Company

SERVICE FOLLOW UP REPORT

18294

BRANCH PHONE NUMBER 1-800-299-9216

DATE

SITE

ADDRESS

CITY

CONTACT

PHONE

STATE

ZIP

9-25-08

CREWIT CITY #6359 SURPLUS

1500 ALMUNDSSON ROAD

WOODBURY

CHERI BLOSS

(CELL) 1-804-690-4223

NJ

08096

THIS SERVICE FOLLOW UP REPORT CONTAINS A DESCRIPTION OF ITEMS THAT COULD CAUSE THE SYSTEM TO NOT FUNCTION PROPERLY IN THE EVENT OF A FIRE. IT IS RECOMMENDED THAT THEY BE REPAIRED BECAUSE THEY COULD POSE SERIOUS LIFE SAFETY ISSUES TO THE BUILDING OCCUPANTS.

Name of Inspector

RON GENERALE

Signature

R. Generale

* APPEARS TO BE A BAD CHECK VALVE ON THE
HYDRA LINE FOR NO. 1. G. NO WATER GOING INTO
RETARDER WHEN GLOBE HANDLE IS OPENED ON
SYSTEM #1 - 1" STAR (REPAIRED CH. VALVE)

2" NIPPLE GOING FROM OPERATING VALVE FOR
MAIN DRAIN LEAKING WATER WHEN MAIN
DRAIN IS OPENED ON SYSTEM #1 - 1" STAR
SYSTEM #1 APPEARS CAPPED OFF IN WAREHOUSE.

* NO TAMPER ALARMS SIGNALS RECEIVED DUE TO
PANEL BOX BEING IN TROUBLE UPON ARRIVAL AND
THE TROUBLE SILENCE BUTTON ENGAGED TO KEEP
THE NOISE SILENT.

~~MAIN DRAIN VALVE ASS. FOR SYS. 1 - 1" LEAKS AT
HANDLE.~~

INTERNAL INSPECTION OF PIPING NEVER
DONE - OLDER BLDG.

I acknowledge that this SERVICE FOLLOW UP REPORT was discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing such information.

☐ PLEASE SCHEDULE A SERVICE TECHNICIAN TO REPAIR THESE ITEMS AT YOUR EARLIEST CONVENIENCE.

☐ PLEASE PROVIDE A QUOTE TO REPAIR THESE ITEMS.

Name of Owner
or Representative

Signature